503111297

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

			2013 SEP -4 PM 2: 0
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FEC MAIL CENTER
LAMBERT FOR (CONGRESS		
	1111111		
ADDRESS (number and street)	C/O RED CURVE SOLUT	IONS	
(Check if address	138 CONANT STREET, 1	ST FLOOR	
is changed)	BEVERLY		MA 101915
	CITY A	 	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	LAMBERT@REDCU	JRVE.COM	
	Optional Second E-Mail	Address	
COMMITTEE'S WEB PAGE ADI (Check if address is changed)	DRESS (URL)		
2. DATE 09 / 04	2013		
3. FEC IDENTIFICATION NU	JMBER ▶		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the be	est of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	BRADLEY T CRATE		
Signature of Treasurer	DLEY T CRATE		Date 09 04 2013
NOTE: Submission of false, errone		on may subject the person signing ATION SHOULD BE REPORTED	this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

		the state of the s
		COMMITTEE e Committee:
	,,	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand		GARY LAMBERT
Cand Party	idate Affiliat	office State NH Sought: House Senate President Office State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	y Cor	mmittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Poli	tical A	Action Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	(74.) 15-59	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., noncommected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
`,		committees/organizations, none of which is an authorized committee of a federal candidate.
	Con	nmittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	FEC ID number

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Write or Type Committe	e Name	
LAMBERT	FOR CONGRESS	
6. Name of Any Conin	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC	Sponsor
NONE		
Mailing Address		
maining / Nacross		
	CITY STATE ZIP COD	
Relationship:	onnected Organization Affiliated Committee Joint Fundraising Representative Leadership F	'AC Sponsor
7 Custodian of Pecor	ds: Identify by name, address (phone number optional) and position of the person in possession of	of committee
books and records.	as lacinary by name, dataess (prone name). Optional, and position of the person in position of	n committee
I		
Full Name		
Mailing Address		
Title or Position	CITY STATE ZIP COD	Ε
4		1
	Telephone number	
	ame and address (phone number optional) of the treasurer of the committee; and the name and a (e.g., assistant treasurer).	ddress of
Full Name BF	IADLEY T CRATE	
of Treasurer		
Mailing Address	138 CONANT STREET	
	1ST FLOOR	لــــــا
	BEVERLY MA 01915	
Title or Position	CITY STATE ZIP CODE	Ē
TREASURER	617 231	4350

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	1	1-1 1-1
	Telephone number	
<u>l</u> NA	SHUA BANK	
Mailing Address	188 MAIN STREET	
	<u> </u>	
	NASHUA NH	03060
	NASHUA NH STATE	03060 ZIP CODE
Name of Bank, Deposi	CITY STATE	
·	CITY STATE itory, etc.	
·	CITY STATE itory, etc.	
СН	CITY STATE itory, etc.	

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WASHINGTON, DC 20463

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DATE PREPARED

(8/2013)

PREPARER